

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/16/2020
NAME OF PROVIDER OR SUPPLIER PALOLO CHINESE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2459 10TH AVENUE HONOLULU, HI 96816		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 000	<p>Initial Comments</p> <p>A focused relicensing and infection control survey was conducted by the Office of Health Care Assurance (OHCA) on 04/16/2020. The facility was found to be in compliance with Hawaii Administrative Rules, Title 11, Chapter 94.1, Nursing Facilities</p> <p>Total residents: 99</p>	4 000		

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/05/20